QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI) ELIGIBILITY WORK SHEET FOR ALL APPLICANTS: INDIVIDUAL(S), COUPLE(S), AND CHILD(REN) (LTC INDIVIDUAL IN OWN MFBU)

Case name
County district
County use

☐ New application ☐ Redetermination ☐ Change ☐ Correction

Effective eligibility date for this budget
Month Year

I. INCOME OF MFBU MEMBERS APPLYING AS AGED, BLIND, OR DISABLED PLUS INCOME OF SPOUSE OR PARENT (EXCEPT PA OR OTHER PA)

A. Nonexempt Unearned Income

1. RSDI
2. Net income from property
3. Other—itemize
4. Total
5. Total unearned income (add 1 through 4)
6. Combined unearned income (add 5(a) and 5(b))
7. Any income deduction $ – 20
8. Countable unearned income (6 minus 7)

B. Nonexempt Earned Income

9. Gross earned income (add 9(a) and 9(b))
10. Combined earned income (add 9(a) and 9(b))
11. Deduct IRWE of potential QMB/SLMB/QI applicant(s) only
12. Remainder (subtract 11 from 10)$
13. $65 Earned income deduction plus $ — unused $20
14. Remainder (subtract 13 from 12)$
15. Countable earned income (divide 14 by 2)$

II. INCOME OF MFBU MEMBERS NOT LISTED IN I. (EXCEPT PA OR OTHER PA)

A. Nonexempt Unearned Income

1. RSDI
2. Net income from property
3. Other—itemize
4. Total
5. Total unearned income (add 1 through 4)

B. Nonexempt Earned Income

6. Total net earned income (MC 176 W, Part IV, Line 11)

C. Total Countable Income

7. Subtotal (add 5 and 6)$

III. QMB/SLMB/QI ELIGIBILITY COMPUTATION

1. Countable income from Section I, line 16.
2. Countable income from Section II, line 9.
3. Combined countable income (add 1 and 2, rounded) $

4. List current FPL for MFBU of
   a. QMB (100%)
   b. SLMB (120%)

If line 3 is less than or equal to line 4(a), QMB eligible.
If line 3 is less than line 4(b), SLMB eligible.
If line 3 exceeds lines 4(a) or 4(b) and there is an ineligible spouse or applicant child, complete MC 176-2 A QMB/SLMB/QI or MC 176-2 B QMB/SLMB/QI. If no ineligible spouse or applicant child, go to step 5.
4. List current FPL for MFBU of
   a. QI-1 (135%)
   b. QI-2 (175%)

If line 3 is less than lines 5(a) or 5(b), QI-1 or QI-2 eligible. If line 3 exceeds lines 5(a) or 5(b), deny QMB, SLMB, QI-1, or QI-2.

IV. EXEMPT INCOME

Note: Do not allow a deduction for health insurance.

Eligibility Worker signature
Worker number
Computation date
County use

MC176-1 QMB/SLMB/QI (05/07)
Form MC 176-1 QMB/SLMB/QI, Income Eligibility Work Sheet, is used to compute the income for all individuals who are applying under the QMB/SLMB/QI program. This form is completed at the time of a new application, restoration, reapplication, change in income, or other circumstances affecting the income, or correction in the income.

Identification Section

1. Enter case name.
2. County district: If the county has districts, identify the district.
3. County use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The “new application” box includes restorations and reapplications.
5. Effective eligibility date for this budget: Enter the month in which eligibility will begin with this budget computation.
6. Case number: For family members who are applying as an ABD medically needy (MN) QMB/SLMB/QI applicant and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, the seven-digit number, MFBU number, and the person’s number. If the county does not use the seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under the case number.
7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name “unborn” and expected date of birth after “unborn.”
8. Birth date: Enter the birth date of each person listed. Under sex, enter “M” for male or “F” for female for each person listed.
9. Social Security number: Enter the Social Security number for each person applying as a QMB/SLMB/QI. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB/QI. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other coverage code: Determine the other coverage code in accordance with Section 15.A. of the procedural portion of the Medi-Cal Eligibility Manual.

SECTION I. INCOME OF POTENTIAL QMB/SLMB/QI COMPOSITION

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB/QI applicant(s) and ineligible spouse, if any, who is applying as ABD in Section I(a) and (b), providing the spouse or parent is a member of the MFBU (either an eligible or ineligible member). Do not list income which is exempt in accordance with CCR, Sections 50523 through 50544.

NOTE: The ownership of the income determination required by CCR, Section 50512, should be determined prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

When any of the following deductions apply to a person’s income which will be listed in Section I, complete Section VI, Part A of the MC 176 W instead of Section I, lines 1 through 5.

- Educational Expenses: Section 50547
- Absent Parent Support: Section 50541
- Income for Self-Support: Section 50551.5
- Court Ordered Child/Spousal Support: Gibbins v. Rank
1. Enter: Social Security income.

2. Net income received from property.

3–4. All other unearned income. If applicable, include SSI/SSP, In-Home Supportive Services (IHSS) recipients’ available income (from the MC 176 W, Part II), and income allocated from the Pickle-eligible spouse or parent.

5. Total the amounts in Section I, Part A, lines 1(a) through 4(a). This is the total unearned income of the QMB/SLMB/QI applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1(b) through 4(b). This is the total unearned income of the QMB/SLMB/QI spouse; ineligible spouse; or parent of the QMB/SLMB/QI child applicant of the MFBU.

6. Add lines 5(a) and (b), or enter the amount from MC 176 W, Section VI, Part A. This is the combined unearned income of the QMB/SLMB/QI ABD applicant in the MFBU and their eligible or ineligible spouse or ineligible parent(s) of a QMB/SLMB/QI child applicant who is a member of the MFBU.

7. No entry. This shows the $20 any income deduction.

8. Subtract line 7 from line 6. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 8 and enter the minus figure, which is the unused portion of the $20 any income deduction in the blank provided on line 13.

B. Nonexempt Earned Income

When any of the following deductions apply to a person’s income which will be listed in Section I, complete Section VI, Part B of the MC 176 W instead of line 9:

- Student Deduction (Section 50551)
- $30 Plus One-Third, or $30 (Section 50551.1)
- Work Expenses for the Blind (Section 50551.4)
- Court Ordered Child/Spousal Support (Gibbins v. Rank)

9. Enter the gross earned income.

10. Add the amounts in lines 9(a) and (b) or enter the amount from Section VI, Part B, line 4 of the MC 176 W. This is the combined earned income of the QMB/SLMB/QI applicant(s), QMB/SLMB/QI spouse or parent(s) of the MFBU.

11. Deduct any impairment related work expenses (IRWE) of the potential QMB/SLMB/QI applicant(s).

12. Subtract number 11 (IRWE expenses) from number 10.

13. Enter the $65 or the $65 and one-half deduction plus any unused portion of the $20 any income deduction here.

14. Subtract line 13 from line 12. If line 14 is less than line 10, enter zero.

15. Divide line 14 by 2. This figure equals the countable earned income.

16. Total Part A, line 8 and Part B, line 15, to obtain the total unearned and earned income. Enter this amount in Section III, line 1.

SECTION II. INCOME OF MFBU MEMBER (BOTH ELIGIBLE AND INELIGIBLE MEMBERS) NOT LISTED IN COLUMN I

NOTE: The ownership of income determination required by CCR, Section 50512, should be determined prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

1. Enter: Social Security income.

2. Net income received from property.
3–4. All other unearned income. Include SSI/SSP/IHSS recipient’s available income (from MC 176 W, Section II and Section V), Part B, and income allocated from a Pickle-eligible spouse or parent.

5. Total lines 1 through 4.

B. Nonexempt Earned Income

6. Enter the amount from the MC 176 W, Part IV, line 11.

C. Total Countable Income

7. Add lines 5(a) and 6(b).

8. Enter any amount paid for court ordered child support or alimony paid under an agreement with the district attorney.

9. Subtract line 8 from line 7. This is the total countable income. Enter in Section III, line 2.

SECTION III. QMB/SLMB/QI ELIGIBILITY COMPUTATION

1. Enter: Total countable income from Section I, line 16.

2. Enter: Total countable income from Section II, line 9.

3. Add lines 1 and 2 (rounded). This is the combined countable income of the MFBU.

4. List the current federal poverty level (FPL) for an MFBU of ______: (a) at 100 percent or (b) SLMB at 120 percent. If line 3 is less than or equal to line 4(a), QMB eligible. If line 3 is less than line 4(b), SLMB eligible. If line 3 exceeds line 4(a) or 4(b) and there is an ineligible spouse or applicant child, complete the MC 176-2 A QMB/SLMB/QI or MC 176-2 B QMB/SLMB/QI. If there is no ineligible spouse or applicant child, go to step 5.

5. List the current FPL for MFBU of _____: (a) QI-1 at 135 percent, or (b) QI-2 at 175 percent of the FPL. If line 3 is less than line 5(a) or 5(b), QI-1 or QI-2 eligible. If line 3 exceeds line 5(a) or 5(b), deny QMB, SLMB, QI-1, or QI-2.

Eligibility Worker signature: The worker enters his/her signature.

Worker number: If the eligibility worker has a county number, enter here.

Date of computation: The eligibility worker completes the box with the date the form was completed.

County use: Optional—to be used in accordance with county policy.